**2019-2020 CAVIT Quality Program Participation Form**

**Email form to** **mglover@cavitschools.org** **by 10/18/2019. For questions, call Mike Glover at (520) 423-2991.**

Teacher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Planned CAVIT Level (select one): Emerging High Quality Excellent

***Standard 2.1 - Advisory Committee Approval***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Member** | **Mailing Address** | **Email Address** | **Contact Phone** | **Current Position** | **Company** |
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***Standard 3.4 - Industry Credential Testing Approval***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of industry credential to be offered to students | Name of testing/licensure agency | Planned number of program completers to test | Does agency provide a certificate or testing score report? Yes or No | Anticipated date of testing  | Notes space to clarify any component of certification testing activity |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Complete next page **ONLY** if you plan to work towards Excellent Level.

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***For Excellent Level Participants Only***

***Standard 3.2 – Fully-Integrated Program Event Approval***

\*All program event activity must be completed by **December 6, 2019**.

\*Teachers earning FY19 Excellent Level status must substantially revise that 3.2 event in order to submit it for FY20 approval consideration.

|  |  |  |  |
| --- | --- | --- | --- |
| Name of 3.2 program event that is fully-integrated, teacher created, and unique. | Description of 3.2 program event –Include who/what/when/where/why in response | Role of Advisory Committee Members – Identify pre/during/after program event activity by advisory members | Name 2 planned outcomes for your program, as a result, of conducting this program event |
|  |  |  |  |